

SKYDIVE SOUTH SASKATCHEWAN SPORT PARACHUTE CLUB

RELEASE WAIVER AND ASSUMPTION OF RISK

I, (print name) _____ hereby undertake that my participation in sport parachuting and/or skydiving activities of any nature and/or ancillary club activities is at my own risk, and, being aware of all the hazards involved in parachuting and/or skydiving, do hereby for myself, my heirs, executors, and assigns, indemnify and hold SKYDIVE SOUTH SASKATCHEWAN, the provincial sport parachute association, SPORTS PARACHUTE ASSOCIATION OF SASKATCHEWAN, the national sports governing body, CANADIAN SPORT PARACHUTING ASSOCIATION, funding body SASKSPORT, and the CITY OF MOOSE JAW and/or its executive committee and/or its members and/or its servants and/or its agents and/or its aircraft airlift suppliers and/or its landlord harmless against all claims for damages at the instance of myself and/or any member of my family for any loss or injury sustained by me as a result of anything done or omitted by the said Club and/or its executive committee and/or its members and/or its servants and/or its agents and/or its aircraft airlift suppliers and/or its landlord, whether negligent or otherwise.

I, the undersigned, acknowledge that I do not suffer from the medical conditions (and/or factors within my medical history include) without limiting the generality thereof, that are detailed in the following list:

1. **Neurological:** Epilepsy or any seizure disorder (unless a neurologist assessment indicate that the seizure was as direct consequence of disease or injury and that the condition was treated, and that candidate is not on any seizure medication). Any progressive neurological disease.
2. **Endocrine:** Uncontrolled Diabetes Mellitus, or any episode of hypoglycaemia or hyperglycaemia requiring any third party intervention. Any progressive or uncontrolled endocrine disorder related to pituitary, adrenal, hepatic, pancreatic or parathyroid glands. Any condition that may influence electrolyte balance like uremia, hypoglycemia, hyponatremia, and/or hypocalcemia
3. **Hearing:** Corrected hearing loss of no more than 40 dB averaged at 500, 1000 and 2000 Hz. (This generally mean that if you do not qualify for a class 2 or 4 drivers license and wear hearing aides in both ears.)
4. **Weight:** Marked obesity: Body mass index above 30. Please check with the Dropzone regarding current weight limitations. (Keep in mind that with a BMI of above 27 your risk of injury is increased to 2 x the average.)
5. **Haematological:** Disorders of blood and clotting, not limited to haemophilia, but also include previous blood clots and bleeding disorders.
6. **Cardiac:** Any heart condition that required admission to hospital or intensified follow up. This will include, but is not limited to abnormal valves, abnormal rate or rhythm or any medications to treat cardiac conditions. Any previous heart surgery or coronary artery disease.

Skydive South Sask General and Medical Indemnity Form

7. **Respiratory:** Any condition resulting in insufficient brain oxygen supply, as well as any condition that can change with altitude changes. This will include uncontrolled asthma, chronic obstructive pulmonary disease and emphysema.
8. **Vascular conditions:** Aorta aneurysm, acute deep vein thrombosis and conditions like peripheral vascular disease. Any previous stroke. Uncontrolled high blood pressure. Low blood pressure that resulted or can result in dizziness or fainting.
9. **Musculoskeletal:** including but not limited to: Inability to carry out visual checks by looking over either shoulder. Any orthopaedic braces that limit range of motion. Recent surgery including arthroscopy. Inability to exert 30lb pull-weight with either arms. Recurrent joint dislocations, which are not surgically corrected. Osteopenia or osteoporosis that may result in increased fracture risk. Any progressive muscular disease. Hernia's – this will include inguinal, ventral or incisional hernias that were not surgically corrected.
10. **Renal:** any disease that requires dialysis or any progressive impairment. Renal colic with kidney stones that is untreated.
11. **Middle ear conditions:** any conditions like Meniere's disease or fixed vestibular hypofunction that can result in dizziness or vertigo.
12. **Visual function:** As per commercial driver's recommendations: Not less than 20/30 or 6/9 with both eyes open and examined together. Worse eye no less than 20/400 or 6/120. Visual field should be 120 degrees continuous along the horizontal meridian and 15 degrees above and below the fixation with both eyes open and examined together.
13. **Psychiatric disorders:** Acute psychosis, any condition relapses that causes impaired perception, mood or thinking. The use of any medication that causes drowsiness or impairment.
14. **Alcohol:** Any alcohol dependency or alcohol withdrawal seizures that occurred in the past 12 months.
15. **Drugs:** The use of any drugs, including but not limited to Hallucinogens, Central Nervous System Stimulants, Anticonvulsants, Antihistamines, Sedatives, Opiates, Hypnotics, or any "street drugs"
16. **Surgical procedures:** Any surgery or procedure that involved sedation or anesthetic would warrant 24 hours recovery before skydiving. Procedures that can lead to air trapping in enclosed cavities (root canal surgery, joint scopes or abdominal scopes) may need three to five days, for obvious reasons of expansion at altitude
17. **General debility:** any condition(s) or sequelae of conditions of which the cumulative effect may result in physical or mental impairment. Includes but not limited to cancer, HIV, chronic fatigue syndrome etc.
18. **Any condition not mentioned that may affect coordination, physical or mental ability related to the sport of parachuting.**

If you are unsure of any physical or mental condition it is advisable to visit your family physician/specialist to obtain an opinion and note that declares you fit for skydiving activities. This examination is not considered part of the Saskatchewan Health plan, and your physician may charge a fee for completion of the form.

The Board of Directors/Instructors/safety officers or so designated member of Skydive South Sask maintains the right and privilege to request a doctors report if they so decide. In the case of students their course may be postponed, and in the case of regular jumpers their privileges may be temporarily suspended.

Skydive South Sask General and Medical Indemnity Form

For the purpose of safety across Canada this information may be shared with any other Dropzone, if they so enquire, and deemed to be in the interest of the sport of skydiving.

I warrant that the information contained in this application form is true and correct and I hereby accept and undertake to abide by the Constitution of the Club and any other Rules promulgated by the Club in whatsoever manner, including but not limited to, the Club Rules and Regulations. In the interpretation of this indemnity, the invalidity of any one provision of part thereof shall not affect the validity of the remainder of this indemnity. No warranty or representation not reduced to writing and/or reflected herein shall be binding on the Club.

In the event of any emergency or accident, where I am deemed unfit to take decisions regarding my own health or wellbeing, I authorize the designated officer of Skydive South Saskatchewan to arrange/coordinate/do my transfer to the nearest medical support area/hospital/emergency room, or contact EMS/ambulance etc. and will agree to pay the costs of insured/uninsured services in this regard.

Place Signed : _____

Date Signed : _____

Surname and First Names of Applicant : _____

Signature of Applicant : _____

Surname and First Names of Witness : _____

Signature of Witness : _____

(Skydive South Sask. Instructor/Staff)

I have read and understood all information given in this waiver and I have answered truthfully to all questions asked of me. Furthermore, I have signed this waiver voluntarily and was in no way coerced, forced, manipulated or threatened to do so.

**Canadian Sport Parachuting Association
(Please print clearly)**

Name: (print please)

Last

Middle

First

Address:

City : _____ Province : _____ Postal code : _____

Phone : Home () _____ Work () _____ Cell () _____

E-mail: _____ Date of Birth: (DD/MM/YY) / / _____

Sex: M F Age: _____ Height: _____ Weight: _____

**Emergency contacts:
(Please print clearly)**

Name: (print please)

Last

Middle

First

Address:

City: _____ Province: _____ Postal code: _____

Phone: Home () _____ Work () _____ Cell () _____

Relationship: _____

**Personal Information:
(Please print clearly)**

Allergies: _____

Medication: _____

Health card number: _____

Number of jumps: Total: _____ **In the last year:** _____

Home DZ: _____

CSPA number: _____ **Expiry date:** _____ **CSPA license #** _____

Reserve Pack date: Month Day Year _____

Ratings and endorsements: _____